

| <b>1. DATE ISSUED:</b><br>10/06/2010  |                 | <b>2. PROGRAM CFDA:</b> 93.526      |   | DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>HEALTH RESOURCES AND SERVICES ADMINISTRATION<br><br>NOTICE OF GRANT AWARD<br>AUTHORIZATION (Legislation/Regulation)<br>Patient Protection and Affordable Care Act of 2010, Title IV, Section 4101, P.L. 111-148 |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
|---|-----------------|-------------------------------------|---|--|-------------------------|--------------------------------|---------------------------|---|----------------------|---|---------------|--|--------------|---------|------------|---------|--|---------|-----------|-----------------|----------------------------------|---------|------------------------------|---------|----------------------|---------|------------------------------|---------|--------------------|---------|------------------------|-----------------|--|---------|---------------------------|-----------------|--------------------------------|---------|--------------------|-----------------|--|--|--|--|-----------------|---|--|-------------------------|---------|------------|---------|--|---------|--|---------|---|-----------------|
| <b>3. SUPERCEDES AWARD NOTICE dated:</b><br>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.  |                 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| <b>4a. AWARD NO.:</b><br>1 C8ACS21364-01-00   |                 | <b>4b. GRANT NO.:</b><br>C8ACS21364 | <b>5. FORMER GRANT NO.:</b>   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| <b>6. PROJECT PERIOD:</b><br><b>FROM:</b> 10/01/2010 <b>THROUGH:</b> 09/30/2012   |                 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| <b>7. BUDGET PERIOD:</b><br><b>FROM:</b> 10/01/2010 <b>THROUGH:</b> 09/30/2012  |                 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| <b>8. TITLE OF PROJECT (OR PROGRAM):</b> AFFORDABLE CARE ACT - CAPITAL DEVELOPMENT GRANTS   |                 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| <b>9. GRANTEE NAME AND ADDRESS:</b><br>MID-DELTA HEALTH SYSTEMS, INC.<br>401 Midland St<br>Clarendon, AR 72029-2727   |                 |                                     | <b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)<br>Alvin J Sliger<br>MID-DELTA HEALTH SYSTEMS, INC.<br>401 Midland St<br>Clarendon, AR 72029-2727  |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| <b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance)<br><input checked="" type="checkbox"/> Grant Funds Only<br><input type="checkbox"/> Total project costs including grant funds and all other financial participation  |                 |                                     | <b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE</b>   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| <table border="0"> <tr><td>a. Salaries and Wages:</td><td>\$ 0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td>\$ 0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td>\$ 0.00</td></tr> <tr><td>d. Consultant Costs:</td><td>\$ 0.00</td></tr> <tr><td>e. Equipment:</td><td>\$ 0.00</td></tr> <tr><td>f. Supplies:</td><td>\$ 0.00</td></tr> <tr><td>g. Travel:</td><td>\$ 0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td>\$ 0.00</td></tr> <tr><td>i. Other:</td><td>\$ 2,863,216.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td>\$ 0.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td>\$ 0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td>\$ 0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td>\$ 0.00</td></tr> <tr><td>n. Trainee Travel:</td><td>\$ 0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td>\$ 2,863,216.00</td></tr> <tr><td>p. INDIRECT COSTS: (Rate: % of S&amp;W/TADC)</td><td>\$ 0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td>\$ 2,863,216.00</td></tr> <tr><td>    i. Less Non-Federal Resources:</td><td>\$ 0.00</td></tr> <tr><td>    ii. Federal Share:</td><td>\$ 2,863,216.00</td></tr> </table> |                 |                                     | a. Salaries and Wages:  | \$ 0.00  | b. Fringe Benefits:     | \$ 0.00                        | c. Total Personnel Costs: | \$ 0.00   | d. Consultant Costs: | \$ 0.00   | e. Equipment: | \$ 0.00                                    | f. Supplies: | \$ 0.00 | g. Travel: | \$ 0.00 | h. Construction/Alteration and Renovation: | \$ 0.00 | i. Other: | \$ 2,863,216.00 | j. Consortium/Contractual Costs: | \$ 0.00 | k. Trainee Related Expenses: | \$ 0.00 | l. Trainee Stipends: | \$ 0.00 | m. Trainee Tuition and Fees: | \$ 0.00 | n. Trainee Travel: | \$ 0.00 | o. TOTAL DIRECT COSTS: | \$ 2,863,216.00 | p. INDIRECT COSTS: (Rate: % of S&W/TADC) | \$ 0.00 | q. TOTAL APPROVED BUDGET: | \$ 2,863,216.00 | i. Less Non-Federal Resources: | \$ 0.00 | ii. Federal Share: | \$ 2,863,216.00 | <table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td>\$ 2,863,216.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td>\$ 0.00</td></tr> <tr><td>    ii. Offset</td><td>\$ 0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td>\$ 0.00</td></tr> <tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td>\$ 0.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td>\$ 2,863,216.00</td></tr> </table> |  |  | a. Authorized Financial Assistance This Period | \$ 2,863,216.00 | b. Less Unobligated Balance from Prior Budget Periods |  | i. Additional Authority | \$ 0.00 | ii. Offset | \$ 0.00 | c. Unawarded Balance of Current Year's Funds | \$ 0.00 | d. Less Cumulative Prior Award(s) This Budget Period | \$ 0.00 | e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$ 2,863,216.00 |
| a. Salaries and Wages:  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| b. Fringe Benefits:   | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| c. Total Personnel Costs:   | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| d. Consultant Costs:  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| e. Equipment:   | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| f. Supplies:  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| g. Travel:  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| h. Construction/Alteration and Renovation:  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| i. Other:   | \$ 2,863,216.00 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| j. Consortium/Contractual Costs:  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| k. Trainee Related Expenses:  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| l. Trainee Stipends:  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| m. Trainee Tuition and Fees:  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| n. Trainee Travel:  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| o. TOTAL DIRECT COSTS:  | \$ 2,863,216.00 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| p. INDIRECT COSTS: (Rate: % of S&W/TADC)  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| q. TOTAL APPROVED BUDGET:   | \$ 2,863,216.00 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| i. Less Non-Federal Resources:  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| ii. Federal Share:  | \$ 2,863,216.00 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| a. Authorized Financial Assistance This Period  | \$ 2,863,216.00 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| b. Less Unobligated Balance from Prior Budget Periods   |                 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| i. Additional Authority   | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| ii. Offset  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| c. Unawarded Balance of Current Year's Funds  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| d. Less Cumulative Prior Award(s) This Budget Period  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION   | \$ 2,863,216.00 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
|   |                 |                                     | <b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)  |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
|   |                 |                                     | <table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2">Not Applicable</td> </tr> </tbody> </table>  |  |                         | YEAR                           | TOTAL COSTS               | Not Applicable                                    |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| YEAR  | TOTAL COSTS     |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| Not Applicable  |                 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
|   |                 |                                     | <b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (In lieu of cash)   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
|   |                 |                                     | <table border="0"> <tr><td>a. Amount of Direct Assistance</td><td>\$ 0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td>\$ 0.00</td></tr> <tr><td>c. Less Cumulative Prior Awards(s) This Budget Period</td><td>\$ 0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td>\$ 0.00</td></tr> </table> |  |                         | a. Amount of Direct Assistance | \$ 0.00                   | b. Less Unawarded Balance of Current Year's Funds | \$ 0.00              | c. Less Cumulative Prior Awards(s) This Budget Period | \$ 0.00       | d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | \$ 0.00      |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| a. Amount of Direct Assistance  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| b. Less Unawarded Balance of Current Year's Funds   | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| c. Less Cumulative Prior Awards(s) This Budget Period   | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION  | \$ 0.00         |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| <b>15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b>  |                 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| A=Addition B=Deduction C=Cost Sharing or Matching D=Other   |                 |                                     |   |  | [D]                     |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| Estimated Program Income: \$ 0.00   |                 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| <b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b>  |                 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.   |                 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| <b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No )  |                 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| <i>Electronically signed by Dorothy M. Kelley, Grants Management Officer on: 10/06/2010</i>   |                 |                                     |   |  |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| <b>17. OBJ. CLASS:</b> 41.60  |                 | <b>18. CRS-EIN:</b> 1710638760A1    |   | <b>19. FUTURE RECOMMENDED FUNDING:</b>   |                         |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| <b>FY-CAN</b>   | <b>CFDA</b>     | <b>DOCUMENT NO.</b>                 | <b>AMT. FIN. ASST.</b>  | <b>AMT. DIR. ASST.</b>   | <b>SUBPROGRAM CODE</b>  |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
| 11-3984071  | 93.526          | C8ACS21364AC                        | \$ 2,863,216.00   | \$ 0.00  | N/A                     |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
|   |                 |                                     |   |  | <b>SUB ACCOUNT CODE</b> |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |
|   |                 |                                     |   |  | ACA-FIP-V               |                                |                           |   |                      |   |               |  |              |         |            |         |  |         |           |                 |                                  |         |                              |         |                      |         |                              |         |                    |         |                        |                 |  |         |                           |                 |                                |         |                    |                 |  |  |  |  |                 |   |  |                         |         |            |         |  |         |  |         |   |                 |

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NGA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 1-877-464-4772.

### Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

#### Grant Conditions:

1. Due Date: Within 30 days of Award Issue Date  
(81853-01) For the leased property, the grantee is responsible for providing a signed Statement of Agreement (as defined in the FIP program guidance) from the facility owner into the EHB within 30 days of this Notice of Grant Award. Please upload the required documentation into the HRSA Electronic Handbooks.
2. Due Date: Within 120 days of Award Issue Date  
(81853-01) BEFORE CONSTRUCTION OR ALTERATION/RENOVATION BEGINS on the project, the grantee must record a Notice of Federal Interest in the appropriate official records of the jurisdiction in which the property is located. A notarized and recorded copy of the Notice must be submitted into the EHB. A template of the Notice of Federal Interest can be viewed at <ftp://ftp.hrsa.gov/hcofconstruction/sampleNFI.pdf> Please upload the required documentation into the HRSA Electronic Handbooks.

#### Program Conditions:

1. Due Date: Within 60 days of Award Issue Date  
(81853-01) The grantee must submit a SHPO/THPO letter for the following project - (81853-01) within 60 days of this Notice of Grant Award. To insure that the requirements of the Act are met, a letter from the State Historic Preservation Officer (SHPO) and/or Tribal Historic Preservation Officer (THPO) indicating the SHPO's finding of no adverse impact on historic or cultural resource must be submitted. If it is determined that there will be an impact, a signed Memorandum of Agreement (MOA) between the SHPO/THPO and the grantee detailing a plan to reduce the adverse effects must be submitted to the Grants Management Specialist at HRSA for review and approval. Funds may only be drawn down for activities such as the purchase of moveable equipment, completion of architectural and engineering plans, licensing and permitting requirements, SHPO consultation, and preparation of the EA. Please upload the required documentation into the HRSA Electronic Handbooks.
2. Due Date: Within 90 days of Award Issue Date  
(81853-01) The grantee must submit a draft Environmental Assessment (EA) into the Electronic Handbooks. In compliance with NEPA, the draft Environmental Assessment for the following project - (81853-01), must be completed and submitted to HRSA for review and adoption within 90 days of this Notice of Grant Award. Funds may only be drawn down for activities such as the purchase of moveable equipment, completion of architectural and engineering plans, licensing and permitting requirements, SHPO consultation, and preparation of the EA. HRSA has determined that an Environmental Assessment must be completed prior to initiating construction or alteration/renovation Please upload the required documentation into the HRSA Electronic Handbooks.
3. Due Date: Within 30 days of Award Issue Date  
(81853-01) Within 30 days of this Notice of Grant Award, the grantee must submit into the EHB a revised SF-424C budget page and revised budget narrative. Please be certain to consult with you C8A Project Officer prior to submitting documentation into the EHB Please upload the required documentation into the HRSA Electronic Handbooks.

4. Due Date: Within 30 days of Award Issue Date  
(81853-01) Submit revised schematic drawings/site plan into the EHB. Please upload the required documentation into the HRSA Electronic Handbooks.
5. Due Date: Within 30 days of Award Issue Date  
The Federal government defines Equipment as any article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (45 CFR 74.2 or 45 CFR 92.3). However, consistent with recipient policy, lower limits may be established. Please submit a statement from the accounting office certifying the grantee's capitalization threshold. Please upload the required documentation into the HRSA Electronic Handbooks.

### Grant Specific Terms:

1. This NGA reflects approval of a change in scope to the following:

Add New Service Site: Mid Delta Health Center  
261 Madison St , Clarendon, AR 72029-2706

The effective date for this site has been set by HRSA as the end of the project period. The grantee should discuss any changes to this date with the C8A Project Officer.

Within 60 days of becoming operational at this site, the grantee will be required to verify the site is operational. This change in scope must be supported within the level of grant funds currently awarded. This approval in no way obligates the HRSA to any future support.

2. Funds in this award are for the following approved project(s):  
81853-01 - Construction (new site or expansion of existing site) - Mid Delta Health Center
3. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation as outlined in Appendix A to 2 CFR Part 170 ([www.hrsa.gov/grants/ffata.html](http://www.hrsa.gov/grants/ffata.html)).

### Program Terms:

1. 1. This Notice of Grant Award (NGA) is issued in support of your application for a capital development project. The Affordable Care Act (ACA) included funds for the "construction and renovation of community health centers". The application submitted by your organization is consistent with the language in the ACA addressing the use of funds for capital development, and the decision has been made to select your application for funding through opportunity HRSA-11-134. The budget and plans submitted for the project(s) presented in your application, as modified through submissions to the HRSA in response to requests for updates, have been accepted unless noted in the Grant/Program sections of this NGA.  
These funds are awarded for the two-year project period shown on this NGA. No costs incurred prior to March 23, 2010 (the date the ACA was signed) can be charged to this grant. Grantees may request that allowable pre-award costs incurred between March 23, 2010 and the effective date of this NGA be charged to this grant; final decisions on any such requests will be made by the Grants Management Officer.
2. The funded project(s) will not be used to support space which will be utilized and/or rented by other entities. This space will be operated by the grant recipient to support services consistent with section 330 of the Public Health Service Act.
3. A grantee may acquire a variety of commercially available goods or services in connection with a grant-supported project or program. Grantees may use their own procurement procedures that reflect applicable state and local laws and regulations, as long as those procedures conform to the following applicable U.S. Department of Health and Human Services (HHS) regulations:
  - HHS regulations at 45 CFR &#167; 74.40 through &#167; 74.48, Procurement Requirements for Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations  
[http://www.access.gpo.gov/nara/cfr/waisidx\\_07/45cfr74\\_07.html](http://www.access.gpo.gov/nara/cfr/waisidx_07/45cfr74_07.html); or,

- HHS regulations at 45 CFR Part 92, Procurement Requirements for State, Local and Tribal Governments
  - States must follow the requirements at Title 45 Code of Federal Regulations (CFR) &#167; 92.36 (a). Generally, States must follow the same policies and procedures they use for procurements from non-Federal funds.
  - Local and Tribal governments must follow the requirements at 45 CFR &#167; 92.36 (b) through (i).

**Standard Terms:**

1. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <ftp://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
2. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
3. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully:
  - (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR
  - (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
4. Items that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Grant Award] or 45 CFR Part 92.30 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

In addition to the prior approval requirements identified in Part 74.25, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 92, this requirement is in lieu of that in 45 CFR 92.30(c)(1)(ii) which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Parts 74.25 and 92.30 unless HRSA has specifically exempted the grantee from the requirement(s).]

5. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center,

which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov). For additional information please visit the Division of Payment Management Website at [www.DPM.PSC.GOV](http://www.DPM.PSC.GOV).

6. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: [Htips@os.dhhs.gov](mailto:Htips@os.dhhs.gov) or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
7. Submit audits, if required, in accordance with OMB Circular A-133, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800)253-0696 toll free <http://harvester.census.gov/sac/facconta.htm>
8. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/reviselep.html>.
9. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Grant Award to obtain a copy of the Term.

#### Reporting Requirements:

1. **Due Date: Within 30 days of Project End Date**  
The grantee will submit documentation for the approved project(s) certifying that the project(s) have been completed in accordance with the previously provided certified documents and in accordance with all mandatory requirements imposed on federally-assisted projects by specific laws enacted by Congress, Presidential Executive Orders, or Departmental Policy, as well as all applicable program standards, State codes, and local codes and ordinances. Be certain to use the provided template when completing this requirement. Please upload the required documentation for the approved project(s) into the HRSA Electronic Handbooks. Please upload the required documentation into the HRSA Electronic Handbooks.
2. **Due Date: Within 120 days of Award Issue Date**  
The grantee must certify that the various bonding requirements for federally-assisted construction projects will be met. If the established deadline is not feasible, contact your Project Officer to request an extension. Be certain to use the provided template when completing this requirement. Please upload the required documentation for the approved project(s) into the HRSA Electronic Handbooks. Please upload the required documentation into the HRSA Electronic Handbooks.
3. **Due Date: Quarterly (Budget Period) Beginning: Budget Start Date Ending: Project End Date**  
The grantee will submit a quarterly status update for the approved project(s) into the HRSA Electronic Handbook (EHB).
4. **Due Date: Within 90 days of Award Issue Date**  
It is expected that the grantee will engage the services of an architect/engineer (A/E) to develop the pertinent construction documents as well as to administer the construction phase of the project(s). Accordingly, the grantee will submit a statement attesting to the involvement of the A/E in the approved project(s). If the established deadline is not feasible, contact your Project Officer to request an extension. Be certain to use the provided template when completing this requirement. Please upload the required documentation for the approved project(s) into the HRSA Electronic Handbooks. Please upload the required documentation into the HRSA Electronic Handbooks.
5. **Due Date: Within 120 days of Award Issue Date**  
The grantee must design the project(s) in accordance with the mandatory requirements imposed on federally-assisted construction projects as well as all applicable program standards, State codes, and local codes and ordinances. Accordingly, the A/E must certify (before construction bidding and contract award) that the final working drawings and final technical specifications were so developed. It is expected that the design documents will be completed by the

estimated completion date so stated in the pre-certification statement, and that the certification of final design statement will then be submitted into the EHB. If the established deadline is not feasible, contact your Project Officer to request an extension. Be certain to use the provided template when completing this requirement. Please upload the required documentation for the approved project(s) into the HRSA Electronic Handbooks. Please upload the required documentation into the HRSA Electronic Handbooks.

6. Due Date: Within 120 days of Award Issue Date

It is the responsibility of the grantee to make every effort to award the construction contract(s) under a process where maximum competition is achieved in order to obtain the most responsive and reasonable proposal for selection. Therefore, open and competitive bidding by formal advertisement must be used. Accordingly, the grantee will submit the selected contract, certified by its A/E, and its formal recommendation of award.

The recommendation should also include a statement of determination that the selected contractor is not on the U.S. General Services Administration Lists of Parties Excluded from Federal Procurement or Non-Procurement Programs (debarred list). If you award the contract to any qualified bidder other than the lowest bidder, provide proper documentation for your decision. Subsequently, a copy of your award letter(s) to the successful contractor(s) must also be submitted to the program office. The selected contract, certification by A/E, award recommendation, debarred list determination, and award letter must be submitted into the EHB for the approved project(s) by the established deadline. If the established deadline is not feasible, contact your Project Officer to request an extension. Please upload the required documentation into the HRSA Electronic Handbooks.

7. Due Date: Within 30 days of Project End Date

The grantee must scan and upload a SF-424C budget page showing the actual project costs into the EHB for the approved project(s) within 30 days after the completion of the project or the project period end date, whichever comes first. See page 15 of the following link: <http://www.hhs.gov/forms/PHS-5161-1.pdf>. Please upload the required documentation into the HRSA Electronic Handbooks.

8. Due Date: Within 30 days of Project End Date

The grantee must scan and upload photographs, with brief descriptions, of the project prior to initiating work, during renovation/construction, and of the completed project, including exterior shots (front, rear of building) and major rooms into the EHB for the approved project(s) within 30 days after the completion of the project or the project period end date, whichever comes first. Please upload the required documentation into the HRSA Electronic Handbooks.

9. Due Date: Within 90 days of Project End Date

The Final Federal Financial Report (FFR) must be submitted within 90 days after the second year Budget Period end date covering 10/1/2011 – 9/30/2012. This report should reflect cumulative reporting for the project period. Please upload the required documentation into the HRSA Electronic Handbooks.

10. Due Date: 12/31/2011

The grantee must submit an Interim Federal Financial Report (FFR) within 90 days after the first year of the Budget Period end date covering 10/1/2010 - 9/30/2011. This report must be submitted using the Electronic Handbook(EHB).

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

**NGA Email Address(es):**

asliger@mid-delta.org;kmbennett@centurytel.net

Note: NGA emailed to these address(es)

**Contacts:**

**Program Contact:** For assistance on programmatic issues, please contact Cametrick Nesmith at:

HRSA/ BHPC

5600 Fishers Ln STE 18C-07

Rockville, MD 20852-1750

Phone: (301)443-2453

Email: cnesmith@hrsa.gov

**Division of Grants Management Operations:** For assistance on grants administration issues, please contact Renetta Boyd at:

5600 Fishers Ln  
Rockville, MD 20852-1750  
Phone: (301)443-4549  
Email: rboyd@hrsa.gov  
Fax: (301)443-6686

If description of your Condition or Reporting Requirement specified in the NGA does not include the statement "Please upload the required documentation into the HRSA Electronic Handbooks" then the responses to reporting requirements and conditions must be mailed to the attention of the Office of Grants Management contact indicated above. All correspondence should include the Federal grant number (item 4 on the award document) and program title (item 8 on the award document). Failure to follow this guidance will result in a delay in responding to your request.